STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	000077	A. BUILDING 01 B. WING _____	11/08/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVING CENTER-RICHMOND	1042 OAK DR RICHMOND, IN 47374

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health. Survey Date: 11/08/12 Facility Number: 000077 Provider Number: 155157 AIM Number: 100266490 Surveyor: Mark Bugni, Life Safety Code Specialist At this Quality Assurance Walk-thru survey, Golden Living Center-Richmond was found in compliance with 410 IAC 16.2-3.1-19(ff). This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors and battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 122 and had a census of 91 at the time of this visit. The facility was in compliance with state law in regard to sprinkler coverage and smoke detector coverage. All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered, except two detached eight foot by ten foot wooden storage sheds which were not sprinklered. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/09/12.	S 000		